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ISSUE FEE TRANSMITTAL LETTER

Applicant

Desnoyers, et al.

App. No

09/931,836

Filed

August 16, 2001

For

NOVEL PEPTIDES THAT INDUCE CHONDROCYTE

REDIFFERENTIATION

Art Unit

1646

Class/Sub-Class Examiner

530-350000

: Dong Jiang

CERTIFICATE OF FES WEB TRANSMISSION

I hereby certify that this correspondence, and any other attachment noted on the automated Acknowledgement Receipt, is being transmitted from within the Pacific Time zone to the Commissioner for Patents via the EFS Web server on:

July 16, 2008

(Date)

Karuna. Kathleen R. Mekijan, Reg. No. 91.399

MAIL STOP ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir-

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) Request to Correct Inventorship in two (2) pages.
- (X) Statements Confirming no Deceptive Intent in three (3) pages.
- (X) Copy of the Original Inventor's Declaration.
- Statement From Assignee. (X)
- Statement Under 37 CFR § 3.73(b) with attached copy of the "Revocation and Power of (X) Attorney."
- (X) Copy of the Original Assignment.
- (X) The amount of \$1900 will be paid via EFS Web.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.

Kagulenami

Kathleen R. Mekijan Registration No. 61,399 Attorney of Record Customer No. 20,995

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885 DISTRUCTIONS: This form should be used for resonating the ISSUE FEE and PUBLICATION FEE of required, thicks: I brough 5 should be completed when appropriate. All interes correspondence including the fallents, offence overse the officiation of standardates for sull in mailtor to the current correspondence including the control correspondence including the control correspondence including a separate FEE ADDRESS* (maintenance for sometimes of sometimes of the control c

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04/24/2008

Marc T. Morley Knobbe Martens Olson & Bear

14th Floor 2040 Main Street

Irvine, CA 92614

APPLN, TYPE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	FIRST NAMED INVENTOR ATTORNEY DOCKET NO.	
09/931,836	08/16/2001	Luc Desnoyers	P3030R1C1	5218
TITLE OF INVENTION: NOVEL PEPTIDES THAT INDUCE CHONDROCYTE REDIFFERENTIATION				

ISSUE FEE DUE

nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/24/2008
EXAMIN	6R	ART UNIT	CLASS-SUBCLASS	1		
JIANG, D	ONG	1646	530-350000			
Change of occrespondence address or indication of "Foc Address" (37 FR 1.56). Change of correspondence address (or Change of Correspondence Address form PTOGSP122) satached. J "Foc Address" indication (or Foc Address' Indication form PTOSSP47, Rev. 03.42 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printer.		Elizabeth M. Barnes Mark T. Kresnak Knobbe Martens Olsor & Bear	
ASSIGNEE NAME AND	RESIDENCE DAT	A TO BE PRINTED ON T	THE PATENT (print or ty	pe)		
PLEASE NOTE: Unless	an assignee is iden	tified below, no assignee	data will appear on the p	atent. If an assignee is identi	fied below, the doca	ment has been filed

ation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment

(A) NAME OF ASSIGNEE

SMALL ENTITY

(B) RESIDENCE: (CITY and STATE OR COUNTRY) SOUTH SAN FRANCISCO, CA

	GENENTECH,	INC.
Ple	sase check the appropriate as	signee o
4-	The following for (a) and an	

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group eatity 🔲 Government

PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE

DATE DUE

A check is enclosed.
Payment by credit card. Form PTO-2038 is attached.
The Director is hereby authorized to charge the required feets), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose as extra copy of this form).
overpayment, to Deposit Account Number 11-1410 (enclose as extra copy of this form).

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, Sec 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature KG	theen me	Daic Xhly	16,2008
Typed or printed name Ka	thleen Mekjian ⁰	Registration No 6	61,399

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